

# South Carolina Department of Health and Human Services

## OPTIONAL STATE SUPPLEMENTATION WORKSHEET

Applicant/Recipient's Name: (First, Middle, Last)

☐ Application ☐ Review ☐ Rebudget

Family Number:

Categorical Relationship Verified? ☐ Yes ☐ No  
☐ Aged ☐ Blind ☐ Disabled

SSI-Status?  
☐ Currently Receiving ☐ Not Eligible ☐ Application Pending

### 1. Determine Net Burial Assets Exclusion Limit:

\$ \_\_\_\_\_ A. Maximum Burial Assets Exclusion Limit (1500)

\$ \_\_\_\_\_ B. Offset (Subtract value of irrevocable burial arrangements and/or face value of life insurance (1500), if cash surrender value was excluded in determining countable resources.)

\$ \_\_\_\_\_ C. Net Burial Assets Exclusion Limit (A)

2. \$ \_\_\_\_\_ A. Combined Value of Burial Assets (Revocable burial contracts, revocable trusts or other designed assets, e.g. bank accounts, etc.)

\$ \_\_\_\_\_ B. Net Burial Assets Exclusion Limit (1C)

\$ \_\_\_\_\_ C. Excluded Burial Assets (If 2A equals or exceeds 2B, 2B is the amount you enter here. If 2A is less than 2B, 2A)

1. Gross Unearned \$ \_\_\_\_\_

2. General SSI Disregard 20.00

3. Subtotal (1-2) \_\_\_\_\_

4. Gross Earned \_\_\_\_\_

5. Disregards  
A. General SSI Disregard (Allow amount not used in 2) \_\_\_\_\_

B. Subtotal (4-5A) \_\_\_\_\_

C. Earned Income Disregard 65.00

D. Subtotal (5B-5C) \_\_\_\_\_

E. Disregard 1/2 the Amount in Line 5D \_\_\_\_\_

F. Subtotal (5D-5E) \_\_\_\_\_

6. SSI Payment \_\_\_\_\_

7. Countable Income (3+5F+6) \_\_\_\_\_

8. Net Income Limit (NIL) \_\_\_\_\_

If line 7 equals or is greater than line 8, individual is not eligible.  
If line 7 is less than line 8, go to Section IV.

	Value
1. Automobile, Truck, etc.	\$ _____
2. Life Insurance	_____
3. Cash on Hand	_____
4. Checking Account	_____
5. Saving(s) Account(s)	_____
6. U.S. Savings Bonds	_____
7. Stocks and Bonds	_____
8. Trust Fund	_____
9. Preneed Burial Contract	_____
10. Non-Excluded Cemetery Lot(s)	_____
11. Lifetime Rights/Estate Property	_____
12. Personal Property	_____
13. Personal Needs Funds (Patient Funds)	_____
14. Real Property	_____
15. Other: _____	_____
16. Countable Resources Subtotal (1-15)	_____
17. Less Burial Exclusion (2C, Section I Amount) -	_____
18. Total Countable Resources	_____

If line 18 is less than \$2,000 continue, if not deny.

1. NIL for Individual \$ \_\_\_\_\_

2. Countable Income \_\_\_\_\_

3. Deficit (1-3) \_\_\_\_\_

4. Award (Round line 3 to next higher dollar amount) \_\_\_\_\_

Disposition:  
☐ Approved ☐ Continued Eligible ☐ Denied ☐ Closed  
Date of Medicaid Eligibility: \_\_\_\_\_

Application Date: \_\_\_\_\_

Entry Date: \_\_\_\_\_

Slot Date: \_\_\_\_\_

Slot Number: \_\_\_\_\_

Medicaid worker's Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Decision Date: \_\_\_\_\_